

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

CLAIM NO. **10/031054**

FILING DATE

INVENTOR(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		3				
5		1				
6		1				
7		1				
8		1				
9		1				
10		2				
11		1				
12		1				
13		1				
14	1					
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49						
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.			25	↓		↓
TOTAL CLAIMS			28			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.				↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS